

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90357 003 ***150.00

DOCUMENT # F96000001350 1. Entity Name 1039015 ONTARIO LIMITED CORP.					
Principal Place of Business 1788 AVENUE ROAD SUITE E/F TORONTO, ON, CANADA M5M3Z1, XX			Mailing Address P. KOSTER 4 GLENGROVE AVE W. TORONTO, ON, CANADA M4R1N4, XX		
2. Principal Place of Business - No P.O. Box # 160 PRINCETON SHORES BLVD Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State COLLINGWOOD, Ontario			City & State		
Zip L9Y 5C9		Country CANADA		4. FEI Number 98-0159025	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS INC 4710 NW BOCA RATON BLVD., #101 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PDC <input type="checkbox"/> Delete NAME: HAYHURST, JAMES STREET ADDRESS: 160 PRINCETON SHORE BLVD CITY-ST-ZIP: COLLINGWOOD CANADA, ON L9Y 5C9			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>J. Hayhurst</u> Apr 23/08 239 762 6850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>					

cell 416 804 8444